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## THE NURSING OF NERVOUS DISEASES

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The nursing and treatment of nervous diseases is a subject so far-reaching that it could be discussed in a thorough way only by going into each phase separately but, as space does not permit this, I will speak of the fundamental principles on which is based the general care given such cases as they most frequently appear.

During the past few years there has been an increasing demand for nurses who understand the care of nervous cases and training schools of any scope are introducing this branch of nursing. The very young nurse, I mean young in age as well as experience, is not able or fit, as a rule, to cope with these cases, as she lacks the tact and patience that are needed, as these are two of the chief requisites a nurse must have. A woman of full maturity and acquainted with the vicissitudes of life, one who has acquired poise, finds herself more adapted to this kind of service.

These patients are erratic, unreasonable and very trying, and to a young nurse who has not herself well in hand, conditions will seem unbearable, I might say, absolutely impossible. There are so many things one must learn, sometimes after a bitter experience, in order to know how to aid the doctor materially to a cure.

First, let me speak of the nurse and her part in the general curriculum. She is to the doctor of the greatest assistance, for without her he could do nothing. She must serve to complete the chain; supply the missing-link, so to speak, that operates a perfect machine. She oftentimes stands nearer the patient than a doctor himself, having her full trust and confidence, and is able to draw forth many incidents that bear on the case and that may be of importance to the physician. She must possess a firmness of speech and action which is gentle, not dictatorial or harsh, but absolutely irrevocable and patience to endure unjust criticism and retort; also, she must be able to discriminate between the large and small liberties, that the patient should, or should not, be allowed to take. The nurse must not lose her control, for when this happens she might just as well resign from the case. Still, she must keep her patient's good will and not antagonize her into revolt. It is a very delicate position and requires much tact.

One of the first theoretical teachings that we receive as nurses is to observe, and I believe in no other condition is there more necessity

for observation than among these various nervous complications. You will so often find a tendency to deceive, such as disposing of food when the nurse has stepped out a minute, carrying on communications by letter and concealing all evidence, bribing servants to carry messages and manifold deceptions, which can be averted by a watchful, observing nurse.

Then, one must not fail to overlook the tendencies that may develop, such as suicide, a desire to get away from the place one is in, and antipathy for certain persons; the nurse must not take these tendencies lightly, but report them fully to the doctor and not take the responsibility upon her own shoulders. If she believes there is the slightest danger, she should not leave her patient alone; if she does so, it should be with the doctor's approval and sanction.

The commonest phase of nervousness today and the type we find in the sanatoria throughout the country, is neurasthenia, from the mildest to the severest forms. The lightest cases are from two to three months' duration and recuperate very quickly. With nourishing food, rest, fresh air, and bodily comfort they require very little outside diversion. The men and women who wait, work on until all reserve is gone and insomnia has made such inroads on their constitutions that they are completely "down and out." They are put to bed at once, given treatments for thorough elimination, and are fed to the limit of their capacity. They are, as a rule, either excessively nervous or of a very depressed state of mind; many have exaggerated hypersensitiveness for certain noises, sometimes these are natural sounds, as the wind and the trees, the crickets, or any disturbance which is beyond control, while others cannot endure sounds originating from individuals, such as humming, closing of doors, talking, whispering, etc. Just how far these ideas should be indulged is a question for the doctor's discrimination.

There is always a loss of appetite and sometimes most heroic measures, such as feeding with the tube, are necessary, but this occurs only in the most stubborn and severe cases. It always requires a great amount of patience and firmness to succeed with forced diet, and here the aesthetic sense must be appealed to, for we all know, even when we are strong and well, that we cannot relish food that is served to us in an uninviting manner, so we see the need of the most rigid adherence to attractive cooking and service. The three-meal diet has been found most satisfactory, with milk and eggs between, rather than a fluid diet, every two hours. The latter is inclined to upset the stomach and liver and does not serve to supply the manifold needs of the body as does a general nourishing meal.

Insomnia has to be reckoned with and many times it is a stubborn

factor. However, that is largely overcome by sleeping-draughts administered by the physician according to each individual case, until the patient has regained his or her natural nerve vitality and can sleep in a natural manner. Oftentimes, however, there are many little services on the part of the nurse, which aid considerably and often lessen the necessity for a medicine. There is frequently an irritation caused by the irritability of the superficial nerves, which is most unpleasant, which causes the patient to become very restless and uncomfortable, if not relieved. If the nurse uses a very weak solution of carbolic acid, with cold water, and bathes the parts, leaving them wet, she can modify this discomfort markedly; then, hot milk or cocoa given at bed-time and during the night, cause the blood to leave the brain-cells and flow more rapidly throughout the entire body. The covering should be light but warm, and absolute quiet should be observed after settling down for the night.

In most of the severe cases we find a strenuous agitation and inability to lie still; the desire to walk and talk continually; this should be discouraged and, if necessary, sedatives or hypnotics are given during the day until the patient is quiet. If this restlessness were allowed to continue, we should make no progress towards the cure, as whatever nerve force is acquired will be exhausted immediately. Some may question this theory and find it hard to accept, but I have seen it used in treating the most obstinate cases with great success. The idea is to subdue the restlessness and cause the patient to relax as much as possible.

If we have a patient who is inclined to melancholia, who broods continually and says nothing, we cannot use the same mode of treatment. Now we try diversion, getting the patient out of self and interested in the active things of life: basket-making, gardening, bird-history, story-writing, something that will stimulate the mind to a healthy line of thought.

The nurse with originality and initiative, combined with a tenacity of purpose, fills an important place with patients of this sort.

These are not short cases, they range from six months to a year, for often in the first six weeks one sees no sign of improvement. Do not get discouraged, always appear to believe and make yourself believe that there is absolutely no doubt that improvement will come any day. If you are tired, leave the case, for you can't take care of nervous people without an abundant amount of nervous energy yourself.

I realize that these suggestions are far from complete, as it is impossible to cover so large a subject in a few pages, but I hope some good may come from even so brief a presentation.